

# MICHELLE CHINGWA EDUCATION ASSISTANCE SCHOLARSHIP PROGRAM APPLICATION COVER SHEET

**Miigwetch for your interest in the LTBB Education Department's scholarship programs. Enclosed in this application packet you will find the following:**

1. Michelle Chingwa Education Assistance (MCEA) Application\*
2. Release of Information \*
3. Authorization to Release Information

\* indicates those items that **must** be returned to the Education Department as part of your application

- Student must submit a completed application packet to apply for the MCEA scholarship, which includes the following:
  1. MCEA application
  2. Release of Information
  3. Student Aid Report from the Free Application for Federal Student Aid (FAFSA)
  4. Copy of current schedule
- Eligibility for the MCEA scholarship is based on four specific criteria:
  1. The student must be an enrolled member of Little Traverse Bay Bands of Odawa Indians
  2. The student must be enrolled in the educational institution for which the scholarship is being applied
  3. The student must maintain a 2.0 overall/cumulative GPA (this item is subject to appeal)
  4. The student must have applied for other available financial aid. This includes the Michigan Indian Tuition Waiver and the Free Application for Federal Student Aid (FAFSA)
- Higher Education Student Services Coordinator verifies the student's application file is complete. Calculations are made to determine the semester award based on Tribal Resolution #102206-05. The award is sent directly to the institution in two installments.
- To receive the second installment the student must submit to the Education Department:
  1. Copy of grades for last semester attended
  2. Copy of grades for last semester awarded (if different than #1)
  3. Original Enrollment Verification Form (EVF) (The EVF must be properly filled out by an enrollment officer from the student's institution and include the school's official seal.)  
This information must be submitted to the Education Department prior to the last day of the student's enrolled semester.
- The continuation of a student's scholarship application for subsequent semesters during an academic year relies on the submission of a new course schedule for the upcoming semester.
- The Authorization to Release Information form is an optional form that the student may fill out if they would like to grant a third party access to their scholarship files in the Education Department.
- LTBB members wishing to appeal a decision made in the Michelle Chingwa Education Assistance scholarship program will follow the approved "Appeal Policy" guidelines as approved by the Executive in REG-WOS 2006-04-101306-002.

**MICHELLE CHINGWA EDUCATION ASSISTANCE SCHOLARSHIP APPLICATION**  
**SCHOOL YEAR 20\_\_ TO 20\_\_**

Application: New\_\_\_\_ Continued\_\_\_\_

NAME                      Last                      First                      Middle                      Maiden                      Soc. Sec. #  
\_\_\_\_\_

Tribal Enrollment # \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOME ADDRESS:**

STREET \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

**SCHOOL ADDRESS:** (Where you live while at school):      check if same as above \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

**NAME OF HIGH SCHOOL:** \_\_\_\_\_ Diploma \_\_\_\_\_ or GED \_\_\_\_\_

**COLLEGE/UNIVERSITY:**      Public \_\_\_\_\_ Private \_\_\_\_\_ Tribal \_\_\_\_\_

NAME \_\_\_\_\_

**COLLEGE MAJOR:** \_\_\_\_\_

Expected Degree (circle one):      AA      AS      BA      BS      MA      Ph.D.      CERTIFICATE

College/University uses:      Quarters \_\_\_\_\_      Semesters \_\_\_\_\_      Trimesters \_\_\_\_\_

**I EXPECT TO ATTEND THE FOLLOWING TERMS AND TAKE AN ESTIMATED # OF CREDITS:**

FALL 20\_\_ CREDITS: \_\_\_\_                      WINTER 20\_\_ CREDITS: \_\_\_\_

SPRING 20\_\_ CREDITS: \_\_\_\_                      SUMMER 20\_\_ CREDITS: \_\_\_\_

**THIS YEAR, I WILL BE A:** \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Graduate Student

**STUDENT STATEMENT OF CERTIFICATION--IMPORTANT--READ CAREFULLY**

I declare that the information I have provided is true, correct and complete to the best of my knowledge. I agree to the program guidelines as defined by the Michelle Chingwa Education Assistance Statute 2006-004 and its implementing regulations. I further agree that I will contact the financial aid office of my institution and apply for other financial aid that may be available to me.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Little Traverse Bay Bands of Odawa Indians**  
**Education Department**  
**Michelle Chingwa Education Assistance Scholarship**  
**RELEASE OF INFORMATION**

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Students Printed Name

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Social Security Number

Special terms that apply:

*Education Department* means the Education Department of Little Traverse Bay Bands of Odawa Indians.

*Financial Aid Office* means the office of an institution of higher education that has responsibility for institutionally administered financial aid.

*Financial Aid Package* means the institution's documents that identify the amounts and types of financial aid awarded by the institution and the amount of unmet need or the SAR.

*Transcripts* mean an official copy of the student's courses, grades, and grade point average to date of the request.

*Tribe* means the Little Traverse Bay Bands of Odawa Indians or the Waganakising Odawa.

*Special Achievements* means events worthy of certificates, publications such as a dissertation or thesis, Dean's List or other lists of academic achievements, and employment after graduation.

*Press release* means any form of public notification i.e. Tribal News Letter, Annual Tribal meeting, bulletin boards, and World Wide Web.

Authorization:

I authorize the financial aid office of any school I am attending to notify the Tribe of my financial need and further authorize any school I am attending to release a copy of my financial aid package and my transcripts to the Tribe's Education Department for each term of attendance. I also authorize the Education Department to make Press releases on my behalf in cases of special achievements, graduations, and any other event I may want published. This authorization is made with the understanding that the information will be used with the exception of press releases only for processing my scholarship and for data collection and reporting requirements as established by the Tribe.

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Signature of Student

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Date

## Authorization to Release Information

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In the United States, the Family Educational Rights and Privacy Act (FERPA) of 1974 protects the privacy of student educational records. Therefore, Little Traverse Bay Bands of Odawa Indians Education Department cannot release any personally identifiable information contained in a student's educational records, either verbally or in writing, without prior written consent. A parent does not have the automatic right to view the student records of their child, unless that child is a dependent under 18 years of age as defined by IRS regulations. Students may grant a third party (i.e. parent, family member, friend, spouse, or other individual or organization) permission to access student educational records by completing this form and returning it to the Little Traverse Bay Bands of Odawa Indians Education Department.

I, (full name) \_\_\_\_\_ authorize Little Traverse Bay Bands of Odawa Indians Education Department to release information regarding my student file in whole or in part to the following individual(s).

Name (First, Middle Initial, Last)	Relationship to Student	Date of Birth (mm/dd/yyyy)

_____	_____
_____	_____
Date	Tribal ID Number

- If you no longer wish for the listed individual(s) to have access to information in your file, you must notify the Education Department in writing.